

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 22, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Brock Enterprises LLC, d.b.a. The Bristo Ballroom, 2112 Cornhusker Highway requesting a class I liquor license.

Kendra Brock, president has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kendra Brock was born in Scottsbluff, Nebraska. She attended Northeast High School graduating in 1997.

Kendra Brock employment history is as follows:

2003 – Present	Madonna Hospital, CNA	Lincoln, NE.
2001 – 2003	Driver, Waverly School	Waverly, NE.

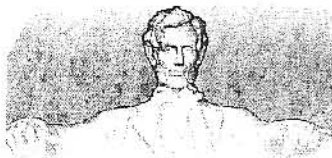
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





CITY OF LINCOLN
NEBRASKA

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

Office of the City Clerk
555 South 10th Street
Suite 103
Lincoln, Nebraska 68508
402-441-7436
fax: 402-441-8325

March 18, 2005

Brock Enterprises LLC
The Bristo Ballroom
%Kendra Brock
2112 Cornhusker Highway
Lincoln NE 68504

Re: Application - Class I liquor license at 2112 Cornhusker
Highway

Dear Ms. Brock:

I am in receipt of your application for a Class I liquor license on property at 2112 Cornhusker Highway. Please be advised that you must apply for and obtain approval of a special permit for alcohol sales on this property prior to my scheduling your application for the liquor license on the City Council's formal agenda.

You should apply for the special permit directly to the Planning Department at 441-7491. If you have any questions in regard to this application process, do not hesitate to contact me at 441-7438.

Sincerely,

Joan E. Ross, CMC
City Clerk

cc: Investigator Fosler, LPD

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: The BRISTOL BALLROOM

Address: 2112 CORNHUSKER Phone: PENDING

Type of Investigation: Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: Band Hall

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: \$30,000 Source: 1ST STATE BANK

Lease Agreement: 3yr @ 3500.00

Sales: %Food: _____ %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: may 1

Food Service: Yes No Employees: F/T 0 P/T 2

Est Seating: 400 Est Daily Customers - depends on event

Hours of Operation: _____

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) The Bristo Ballroom

☒ Manager

☒ Owner

Other _____

Name: Kendra Brock

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No Yes

Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes

Explain _____

Is spouse qualified to hold a license ? ☒ Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly - N/A

How many hours will applicant be at the establishment ? 25

Any other employment ? No ☒ Yes, explain madonna Rehab

Any previous experience with a liquor license? Yes

☒ No

Any criminal convictions ? ☒ No Yes

Comments _____

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes

Comments _____

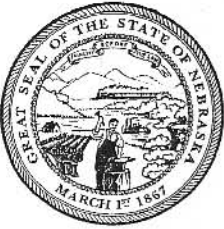
☒ Photo

☒ Records Check

☒ References

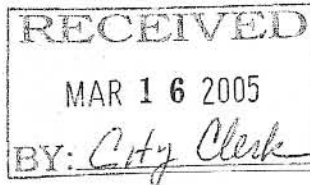
Comments _____

Interview Date 3 / 22 / 05



Ru

Dave Heineman
Governor



PH: 4-18-05
STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

March 15, 2005

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

Re: Liquor application for **Brock Enterprises, LLC**

dba The Bristo Ballroom
2112 Coenhusker Hwy
Class I

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.


PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,
NEBRASKA LIQUOR CONTROL COMMISSION


Tam Freeman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

New License #- I-67474 Replacing C-12919 Lease

lnol.org/home/NLCC/
2) 471-2571
471-2814

puor Control Commission
U.S. citizenship for each

RECEIVED
MAR 14 2003
NEBRASKA LIQUOR
CONTROL COMMISSION

2. Copy of birth certificate of individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Submit Copy of Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$ 50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

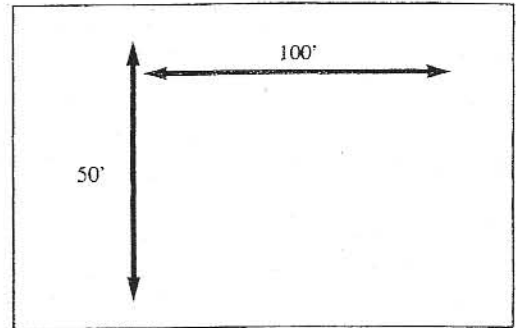
TYPE OF APPLICATION	Name Of Person Assisting With Application
<p>Type of application being applied for (place appropriate number in box)</p> <p>3</p> <p>1= Individual License requires Form 1 to be attached. 2= Partnership License requires Form 2 to be attached. 3= Corporate License requires Form 3 and Manager Application be attached.</p>	<p>Name:</p> <p>_____</p> <p>Firm Name:</p> <p>_____</p> <p>_____</p>

SECTION A - LOCATION INFORMATION - Must be completed by all applicants

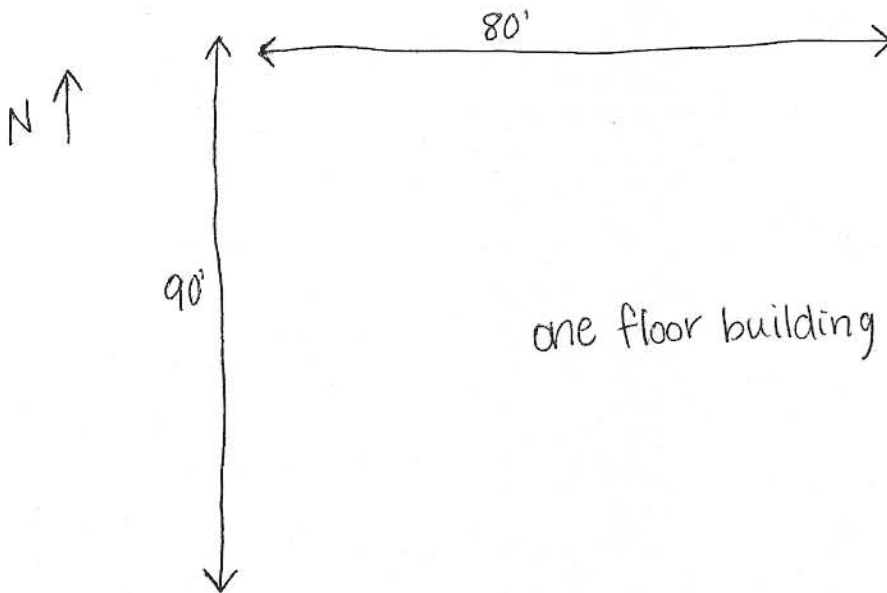
Trade Name (name of business) The Bristo Ballroom	Telephone Number at premise to be licensed not hooked up
1) Street Address of Proposed licensed premise 2112 Cornhusker Hwy Is this located inside the city limits Circle YES NO	2) Mailing Address for receipt of Liquor Control Commission mailings 3451 N 52 St
City Lincoln County Lancaster Zip Code 68521	City Lincoln County Lancaster Zip Code 68504

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.



SECTION B	OTHER INFORMATION REQUIRED		
	Yes	No	Explanation/Comments
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>		✓	

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		✓	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		✓	Repl. 129/19
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	✓		First State Bank
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		✓	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		✓	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		✓	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		✓	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		✓	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			First State Bank Kendra Brock
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			None
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Kendra Brock 25 hrs/WK
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			None at this time Will take hospitality class
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).			1/31/08
15. When do you intend to open for business?			April 1, 2005

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Kendra D Brock	1995	2005	Lincoln NE
Jared A Brock	1995	1998	Hickman NE
	1998	2005	Lincoln NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign
here

Jared Brock

sign
here

sign
here

Kendra Brock

sign
here

sign
here

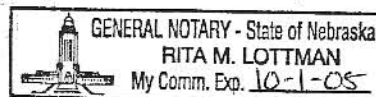
sign
here

sign
here

sign
here

Subscribed in my presence and sworn to before me this 7th day of March, 2005

RECORDED
(SEAL)
MAR 14 2005



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

NEBRASKA LIQUOR CONTROL COMMISSION

sign
here

Rita M. Lottman

Notary Public Signature

Corporation/LLC Application for License - Form 3 Nebraska Liquor Control Commission

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Brock Enterprises L.L.C. *

Total Number of Shares (if corporation)

1,000 *

Corporate Street Address

2112 Cornhusker Hwy *

Mailing address for receipt of Liquor Control Commission Mailings

3451 N 52 *

Corporate Telephone Number

402-560-5308 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68504 * -

Name of Registered Agent

Kendra Brock *

Name of Proposed Manager

Kendra Brock *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Kendra Brock *

Title

Chief Executive Officer *

Date of Birth

04/20/79 *

Social Security Number

505-17-0574 *

Home Address (1)

3451 N 52 St *

City

Lincoln *

State

NE *

Zip Code

68504 * -

Home Telephone Number

402-560-5308 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSESName of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**

Name

Brock, Jared, Allan

Social Security Number

507-23-3725

Date of Birth

04/01/80

Title

Vice President

Spouse Name

Brock Kendra

505-17-0574 4-20-79 CEO

Partner Number of Shares / % 500

Spouse Number of Shares / % 500

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**

Social Security Number

Date of Birth

Title

Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes

No

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 2005

Ending date: 2005

State of Nebraska

)

) ss.

Lancaster County

)

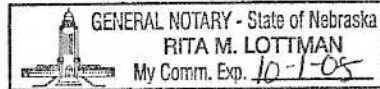
RECEIVED

MAR 1 2005

NEBRASKA LIMITED
CONTROL COMMISSION

Rita M. Lottman

Notary Public Signature & Seal



By Kendia Block
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Jared Brock
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

NEBRASKA LIQUOR
CONTROL COMMISSION

**Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509**

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Brock Enterprises L.L.C.

Class & License number

1

Trade Name of Licensed Premise

The Bristo Ballroom

Street Address of Licensed Premise

2112 Cornhusker Hwy.

City

Lincoln

County

Lancaster

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

Kendra O Brock

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Brock, Kendra, Dee, Batt

Sex *

☒ F ☐ M

Social Security Number

505-17-0574

Date of Birth

04/20/79

Place of Birth

Scottsbluff, Nebraska

Home Street Address

3451 N 52

City

Lincoln

County

Lancaster

State

NE

Zip Code

68504

Home Telephone Number

402-560-5308

Business Telephone Number

402-560-5308

Drivers License Number

H12310933

State

NE

Are You Married? * Yes No If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Brock, Jared, Allan

Social Security Number

507-23-3725

Drivers License Number

H12380459

State

NE

Date of Birth

04/01/80

Place of Birth

Lincoln, NE

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes ☒ No

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes ☒ No

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes ☒ No

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes ☒ No

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ Yes ☐ No

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	95	05
Spouse: City & State		
Lincoln, NE	95	05

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

	Year	
	From	To
Name of Employer		
Madonna Rehabilitation Hospital	2003	2005
Name of Supervisor	Telephone Number	
Kim Dohte	402-489-7102	

	Year	
	From	To
Name of Employer		
Waverly School District # 145	2001	2003

Name of Supervisor

Carleen Dowding

Telephone Number

402-786-2015

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)

) SS

COUNTY OF)

MAR 24 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Kendra Brook

Signature of Applicant

Kendra Brook

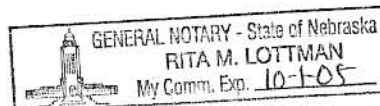
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
7th day of March, 2005.

Subscribed in my presence and sworn to before me this
7th day of March, 2005.

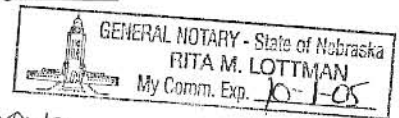
Rita M. Lottman

Notary Signature & Seal



Rita M. Lottman

Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2/01



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

MAYOR COLEEN J. SENG

402-441-7204
fax: 402-441-8492

lincoln.ne.gov

LINCOLN
The Community of Opportunity

March 16, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Sekips Inc., d.b.a. Spikes Beach Bar & Grille, 2300 Judson Street requesting a class C liquor license.

Derek Breemes, Vice president has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Derek Breemes was born in Lincoln, Nebraska. He attended Northeast High School graduating in 1985.

Mr. Breemes was employed at Goodyear Tire & Rubber, Lincoln, Nebraska 1987 – 2004.

Mr. Breemes has completed the Responsible Hospitality manager class.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.



THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: Spikes

Address: 2300 Judson Phone: 477-1175

Type of Investigation: Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: BAR & GRILLE

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: 1.8 mil Source: In Progress

Lease Agreement: OWN

Sales: %Food: UNK %Liquor: UNK

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No 280 spots

Ready for Operation: Yes No Est Date: MAY 2004

Food Service: Yes No Employees: F/T 20 P/T 35

Est Seating: 240 ^{inside} Est Daily Customers 500

Hours of Operation: 11am - 1am EST

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) DEREK BREEMES SPIKES

☒ Manager ☒ Owner Other _____

Name: DEREK BREEMES

US Citizen? ☒ Yes No

Has applicant ever been cited for liquor law violations? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license? ☒ No Yes
Explain _____

Is spouse qualified to hold a license? ☒ Yes No N/A

How is applicant if not an owner to be paid? Salary Hourly N/A

How many hours will applicant be at the establishment? 60 +

Any other employment? ☒ No Yes, explain _____

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln? ☒ Yes No

Is applicant involved in any civil litigation? ☒ No Yes
Comments _____

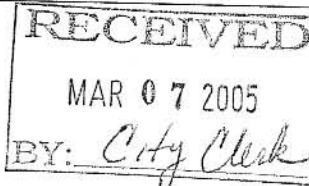
☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 3 / 16 / 05

STATE OF NEBRASKA

4-18-05



March 3, 2005

NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

Mike Johanns
Governor

Lincoln City Clerk
City/County Building
555 S 10 Street
Lincoln, NE 68508

*Sekips, Inc
dba Spikes Beach Bar & Grille
2300 Judson
Class C*

*AS-025668
128*

RE: License for C #67318

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Bob Logsdon
Chairman

3-16-05

R.L. (Dick) Coyne
Commissioner

10:00

Interview

Rhonda R. Flower
Commissioner

Enclosures

An Equal Opportunity/Affirmative Action Employer

APPLICATION FOR LICENSE
Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

Local-jbm

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

C# 67318

RECEIVED

MAR 2 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in **Triplicate** **8.** Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
D1 Spirits, Wine, Beer, Off Sale Only - within extrajurisdictional zoning jurisdiction	\$45.00	\$150.00	exempt
C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
O Boat	\$45.00	\$50.00	exempt

- V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
- X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
- W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
- Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
- L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

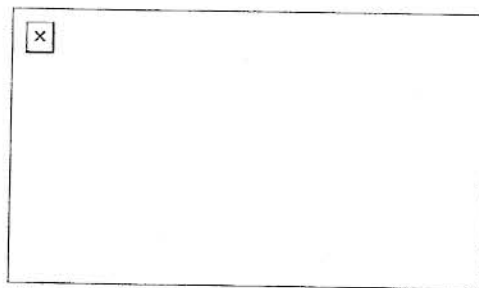
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Name	
	Firm Name	Address

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants

Trade Name (name of business) <i>Bikes Beach Bar & Grille</i>		Telephone Number at premise to be licensed <i>402/477-1175</i>	
Street Address of Proposed licensed premise <i>300 Judson</i>		2) Mailing Address for receipt of Liquor Control Commission mailings <i>5430 S. Bristolwood Pl.</i>	
City <i>Lincoln</i>	County <i>Lancaster</i>	City <i>Lincoln</i>	County <i>Lancaster</i>
Zip Code <i>68521</i>	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code <i>68516</i>	

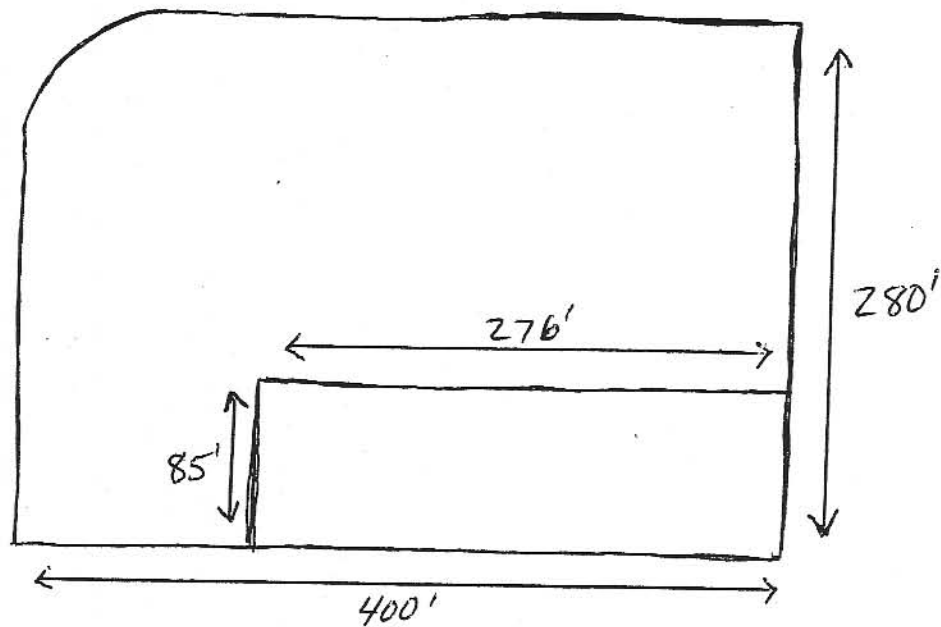
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

N ↑



Enclosed outdoor area measuring approximately 400' x 280' which includes a single story building measuring approximately 276' x 85'.

SECTION B

OTHER INFORMATION
REQUIRED *

	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>As anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	See Attachment
<p>2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with listing of assets being acquired including liquor inventory (same brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>3. Are you filing a temporary agency agreement, commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Local Back to be determined.
<p>5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

Yes ☒ No ☐

Coin Operated Machines - VVS
Possible kitchen equipment -
Various

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?

Yes ☐ No ☒

8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of each institution and where it is located in relation to the premises. Per Sec. §53-177.

Yes ☐ No ☒

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.

Yes ☐ No ☒

10. List the primary bank and/or financial institution (branch applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.

Wells Fargo - All parties signing this application will be authorized signors on bank accounts.

11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

Michael R. Korsakas -
Rhynodynamics, Inc, Lincoln, NE
Lic# C13854. O'fourteen, Inc,
Lincoln, NE Lic# C45853. PRA, Inc,
Lincoln, NE Lic# C59720.
Bruce D. Bailey - KABB, LLC,
Kearney, NE Lic# **IK 44859**

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Derek L. Breemes - 50 to 60 hours, possibly more.

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.

Bartending, Main Street Bar & Grill. Pre-registered for Hospitality Risk Management class March 10, 2005

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

Lease covering entire license year provided.

5. When do you intend to open for business?

April 1, 2005

6. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
David R. & Jennifer B. Sutko	1995	2005	Lincoln, NE
Ty L. Burkey	1995	2005	Lincoln, NE
Derek L. & Christine R. Breemes	1995	2005	Lincoln, NE
Michael R. & Cindy L. Korsakas	1995	2005	Lincoln, NE
Bruce D. Bailey	1995	2005	Lincoln, NE
Jennifer L. Rowse	2002	2005	Lincoln, NE

Jennifer L. Rowse

1999

2002

Norfolk, NE

Jennifer L. Rowse

1995

1999

Omaha, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to revocation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will supervise in person the management and operation of the business. Partnership applicants agree one partner shall supervise the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

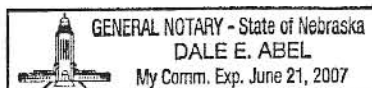
Signature _____ Sign Here _____

Signature _____ Sign Here _____

Signature _____ Sign Here _____

Signature _____ Sign Here _____

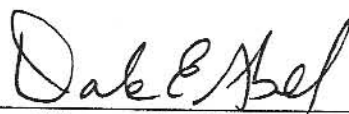
Subscribed in my presence and sworn to before me this 1ST day
MARCH, 2005



(SEAL)

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here



Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

RECEIVED

MAR 2 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

Application for Corporate Manager***Must Be A Nebraska Resident*****Please submit in Triplicate**NEBRASKA LIQUOR
CONTROL COMMISSION**Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509****Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>****Required areas marked by a red asterisk (*)****LIQUOR LICENSE INFORMATION****Name of Licensed Corporation***Peekips Inc.*

*

Class & License number*C, Applied for*

*

Trade Name of Licensed Premise*Pikes Beach Bar & Grille*

*

Street Address of Licensed Premise*300 Judson St.*

*

City*Lincoln*

*

County*Lancaster*

*

On behalf of the corporation, I designate this individual as corporate manager.**Signature of Corporate President/CEO:****APPLICANT INFORMATION (MUST BE 21 OR OVER)****Full Name (Last, First, Middle, Maiden)***Reemes, Derek Lee*

*

Sex **F**M***Social Security Number***506-92-2872*

*

Date of Birth*2/3/66*

*

Place of Birth*Lincoln, NE*

*

Home Street Address*400 NW 3rd St*

*

City*Lincoln*

*

County*Lancaster*

*

Date**Zip Code****Home Telephone Number**

NE *

68521 *

402/438-8828 *

Business Telephone Number

402/477-1175 *

Drivers License Number

G02066383 *

State

NE *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Breemes, Christine Renee, Znamenacek

Social Security Number

508-06-3185

Drivers License Number

G16005402

State

NE

Date of Birth

4/30/67

Place of Birth

Lincoln, NE

1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒ ☐ See Attachment

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐ ☒

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

Year
From To

Applicant: City & State

Lincoln, NE

95 05

Spouse: City & State

Lincoln, NE

95 05

Year
From To

Applicant: City & State

Spouse: City & State

Year
From To

Applicant: City & State

Spouse: City & State

Year
From To

Applicant: City & State

☐ ☐

Spouse: City & State

☐ ☐
EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
Goodyear Tire & Rubber Co.	1986	2004
Name of Supervisor	Telephone Number	
roy Misner	402/466-8311	

Name of Employer	Year	
	From	To
	<input type="checkbox"/>	<input type="checkbox"/>
Name of Supervisor	Telephone Number	
	<input type="checkbox"/>	

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)

) SS

COUNTY OF)

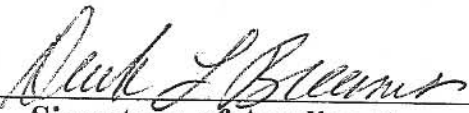
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

RECEIVED

MAR 2 2005



Signature of Applicant



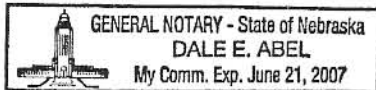
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before
me this 1ST day of MARCH 2005.Subscribed in my presence and sworn to before
me this 1ST day of MARCH 2005.

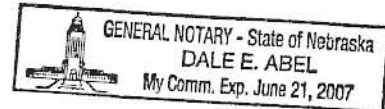
Notary Signature & Seal



Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2/01

Attachment for question # 1 -

RECEIVED

MAR 2 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

Michael R. Korsakas - Careless Driving, Lincoln, May 1998

Cindy L. Korsakas - None

Bruce D. Bailey - None since license application for KABB, LLC.

Derek L. Breemes - Speeding, Kansas City, MO., Aug. 2003

Christine R. Breemes - None

Ty L. Burkey - Speeding, Lincoln, Dec. 2004

Disobey Traffic Control Device, Lincoln, Aug. 2004

Speeding, Lincoln, May 2004

Speeding, West Point, Mar. 2004

Speeding, Lincoln, Nov. 2003

David R. Sutko - Driving Under Influence - 1st, Plattsmouth, Jul. 2003

Engaged In Speed Contest, Lincoln, Jan. 1998

Jennifer B. Sutko - Speeding, Aurora, Jul. 2001

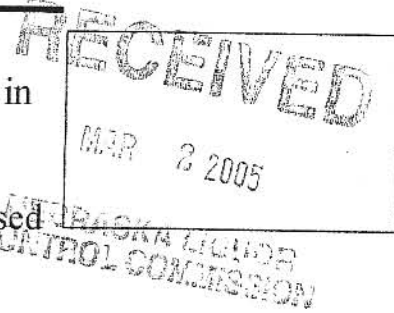
Jennifer L. Rowse - NONE

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

INSTRUCTIONS:

-) Application and application for manager must be typewritten and submitted in triplicate
-) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
-) Information regarding spouses must be completed
-) Required areas marked by a red asterisk (*)



Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Sekips Inc. *

Total Number of Shares (if corporation)

5,000 *

Corporate Street Address

2300 Judson

Mailing address for receipt of Liquor Control Commission Mailings

5430 S. Bristolwood Pl. *

Corporate Telephone Number

402/477-1175 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68516 * -

Name of Registered Agent

Michael R. Korsakas *

Name of Proposed Manager

Derek L. Breemes *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

David R. Sutko *

Title

President *

Date of Birth

07/20/71 *

Social Security Number

07-17-9168 *

Home Address (1)

5210 NW 7th *

City

Lincoln *

State

NE *

Zip Code

68521 * -

Home Telephone Number

402/477-0173 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**

Social Security Number

Date of Birth

Title

Name

Sutko, David Ryan507-17-916807/20/71President

Spouse Name

Sutko, Jennifer Beth, McMaster505-23-296702/21/74N/APartner Number of Shares / % 17Spouse Number of Shares / % N/AName of Officers, Directors, Members and
Spouses. Give Last Name, First Name,
Middle, Maiden, and any aliasesSocial
Security
NumberDate of
Birth

Title

Name

Breemes, Derek Lee506-92-287212/03/66Vice-President

Spouse Name

Breemes, Christine Renee, Znamenacek508-06-318504/30/67N/APartner Number of Shares / % 16.5Spouse Number of Shares / % N/AName of Officers, Directors, Members and
Spouses. Give Last Name, First Name,
Middle, Maiden, and any aliasesSocial
Security
NumberDate of
Birth

Title

Name

Burkey, Ty Lee505-96-733903/30/69Vice-President

Spouse Name

Rowse, Jennifer Lynn508-19-527406/01/1975N/APartner Number of Shares / % 28Spouse Number of Shares / % N/AName of Officers, Directors, Members and
Spouses. Give Last Name, First Name,
Middle, Maiden, and any aliasesSocial
Security
NumberDate of
Birth

Title

Name

Bailey, Bruce Daniel508-62-494106/14/47Secretary

Spouse Name

N/APartner Number of Shares / % 22Spouse Number of Shares / % Name of Officers, Directors, Members and
Spouses. Give Last Name, First Name,
Middle, Maiden, and any aliasesSocial
Security
NumberDate of
Birth

Title

Name

Korsakas, Michael Raymond506-74-717805/03/60Treasurer

Spouse Name

Korsakas, Cindy Lou, Taylor508-90-508303/14/60N/APartner Number of Shares / % 16.5Spouse Number of Shares / % N/A

If Necessary, Continue on Separate Sheet)

MAR 8 2005

NEBRASKA
CONTROL COMMISSION

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

N/A

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that Corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 01/01/05 Ending date: 12/31/05State of Nebraska

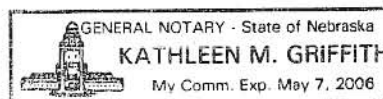
)

San Francisco County

)

SS.

)



Kathleen M. Griffith - 3/1/05
Notary Public Signature & Seal

By

[Signature]
President/Member

in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.


Secretary/Member

RECEIVED

MAR 2 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

Verify Form and Print

FORM 35-4183
REV. 02/01

RECEIVED

MAR 2 2005

DESSAUNA HOUSE
CONTROL COMMISSION

N. 25TH ST.

JUDSON ST.

N. 23RD ST.

